

# SUPERSTITION MOUNTAIN MENTAL HEALTH CENTER, INC

P. O. BOX 3160, APACHE JUNCTION, AZ. 85217-3160  
 PHONE: 480-983-0065 FAX: 480-288-5341 INTERNET - www.smmhc.org

## EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Note: All portions of the application **must** be completed in order to be considered a qualified applicant.

Position Applied For:	Today's Date:
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Other _____	

Name (Last)		(First)		(Middle)	
Residence Address	Street	City	State	Zip Code	
Mailing Address	Street/Box	City	State	Zip Code	
Home Phone Number ( )		Business/Message Phone Number ( )			
Social Security Number		Driver's License Number			

Are you related to a current employee at this agency?  Yes  No    Who? \_\_\_\_\_

Do you have the legal right to work and be employed in the U.S.?  Yes  No  
 (Proof & Legal authority to work in the U.S. are conditions of employment )

Are you conversant in any language other than English?  Yes  No    If yes, please list: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give payroll name if different from application \_\_\_\_\_

State program where you worked \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation?  No  Yes  
 If yes please state the charge, court date and disposition of the case.

\_\_\_\_\_

A "Yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

TYPE OF EMPLOYMENT DESIRED			
(check preference)			
TYPE		DAYS	
		SHIFTS	
<input type="checkbox"/>	Regular	<input type="checkbox"/>	Sunday
<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Monday
<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Tuesday
<input type="checkbox"/>	On-Call	<input type="checkbox"/>	Wednesday
<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Thursday
<input type="checkbox"/>		<input type="checkbox"/>	Friday
<input type="checkbox"/>		<input type="checkbox"/>	Saturday
			Days
			Evenings
			Nights
			Rotating
			8-hr shift
			10-hr shift
			12-hr shift

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### EDUCATION

Did you receive a High School Diploma or GED?  Yes  No If NO, circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Name of School/College/University	City/State	Diploma/ Degree/ Certification*	Course of Study	Date Received
High School				
Undergraduate				
Graduate				
Other (specify)				
Other (specify)				

\*Documentation required upon employment.

### LICENSES/CERTIFICATIONS

Are you Licensed to practice in Arizona?  Yes  No

IF YES, PLEASE LIST PROFESSIONAL LICENSES AND/OR CERTIFICATIONS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING:

TYPE	REGISTRATION OR LICENSE #	ISSUED BY	EXPIRATION DATE

### WORK HISTORY

Please list your job/work/internship/volunteer experience FOR THE PAST FIFTEEN YEARS beginning with your PRESENT or most recent experience and working backward. Please complete all sections. Do not include notations such as "see attached" or "see attached resume". If additional pages are needed, please use the "Continuation of Work History" page. Failure to provide complete and accurate information may result in your application being disqualified.

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

<b>COMPANY NAME AND ADDRESS</b>			COMPANY PHONE NUMBER ( )	
POSITION TITLE		SUPERVISOR'S NAME		
DATES OF EMPLOYMENT		PAY: ( ) PER HOUR ( ) PER YEAR \$ _____	TYPE ( ) Full-time ( ) On-call ( ) Part-time ( ) Temporary ( ) Internship ( ) Volunteer	HOURS WORKED PER WEEK
FROM:	TO:			
EQUIPMENT OR MACHINERY OPERATED				
DUTIES				
REASON FOR LEAVING				

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<b>OTHER QUALIFICATIONS</b>
Summarize any additional knowledge, skills, training and/or abilities which you feel are necessary to describe your full qualifications (e.g., use of computer, software programs, etc.)

<b>REFERENCES</b>			
Please list at least three references of individuals who have knowledge of your work experience (do not include relatives).			
NAME & OCCUPATION	INSTITUTION/BUSINESS	ADDRESS	PHONE NUMBER

# APPLICANT CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.  
THE APPLICATION IS NOT CONSIDERED VALID UNLESS SIGNED BY THE APPLICANT.

I hereby certify that the facts set forth on this Employment Application are true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I authorize SMMHC, Inc, to investigate all information contained in this application including contacting previous employers. I also grant permission to any previous employer to disclose any and all information concerning my previous employment.

Superstition Mountain Mental Health Center, Inc. is a drug free workplace. I agree to submit to a drug screening according to SMMHC procedures. I understand that I may be required to submit to drug or alcohol testing for pre-employment, reasonable suspicion, work-related accident, random, follow-up, and return-to-work purposes.

If I receive a job offer to fill a position as part of the clinical staff at a 24-hour facility or residential facility, I understand that I may be required to undergo a physical examination, TB skin test, chest x-ray or other such medical examination, necessary to comply with state law and regulations, JCAHO, RBHA, and other regulatory requirements. The offer is contingent upon the results of the examination(s).

Registered Nurses, Medical Doctors, Physician Assistants and Nurse Practitioners will be required to provide proof of professional liability.

I understand that the terms of my employment, including working conditions, compensation, benefits, hours of work, work schedule, job assignment and location will be determined and/or changed within the discretion of SMMHC and pursuant to its applicable policies. All employees of SMMHC are at-will employees whose employment with SMMHC may be terminated at any time, with or without cause, and with or without notice at the option of either SMMHC or the employee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SMMHC IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

It is the policy of SMMHC, Inc. to provide equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against in employment because of race, religion, color, sex, age, national origin, disability, military status, or any other characteristic protected by applicable federal or state law.

**NOTE:** All applications are reviewed by the Human Resources Department. If you meet the minimum qualifications, your application/s will be referred to the hiring department for review. If an interview is to be scheduled, you will be contacted by the department. You will **NOT** be notified unless an interview is scheduled. We appreciate your interest in employment with **Superstition Mountain Mental Health Center.**

FOR OFFICE USE ONLY: Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTINUATION OF WORK HISTORY

APPLICANT'S NAME:	POSITION APPLIED FOR:	DATE:
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